

# COMPLIANCE CHECKLIST

## ► Obstetrical Facilities

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

### Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (\_\_\_\_) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (\_\_\_\_) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.
  - X** = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.
  - E** = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project.
  - W** = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).
3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**" and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Postpartum Unit Bed Complements:

Current = Proposed =

Satellite Name: (if applicable)

Number of LDR/LDRP Rooms:

Current = Proposed =

Satellite Address: (if applicable)

Building/Floor Location:

Submission Dates:

Initial Date:

Revision Date:

Project Description:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

**2.1 ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS****GENERAL**

- 130.618(B) ☐ Maternal/newborn service self-contained
- 4.1.1** ☐ Design prohibits non-related through traffic
- ☐ Access to OB separate from access to surgical suite
- 130.618(G) ☐ Antepartum outpatient facilities separate from inpatient service areas

**POSTPARTUM UNIT****4.2****PATIENT ROOMS**

☐ check if postpartum function only provided by LDRP rooms

- |  |           |   |
|--|-----------|---|
| <input type="checkbox"/> Increase in postpartum beds                                 | <b>or</b> | <input type="checkbox"/> No increase in postpartum beds |
| <input type="checkbox"/> Checklist <b>IP5</b> for Newborn Nurseries must be included |           |   |

**3.1.1.1**

- |  |  |
|--|--|
| <input type="checkbox"/> New Construction                | <input type="checkbox"/> Renovations   |
| <input type="checkbox"/> 1-bed maximum capacity per room | <input type="checkbox"/> Number of beds per room does not exceed existing capacity |
|  | <input type="checkbox"/> 4-bed maximum capacity per room                           |

**3.1.1.2**

130.623(C)

**Minimum Clear Functional Area (Beds & Bassinets)**

- ☐ Min. 144 sf\* in single-bed room
- ☐ check if no single-bed room in project
- ☐ min. 3'-0" clearance on each side of bed
- ☐ min. 3'-0" clear at foot of bed

130.623(C)

- ☐ Min. 124 sf\* per bed in multibed room
- ☐ check if no multibed room in project
- ☐ min. 3'-0" clearance on each side of beds
- ☐ min. 4'-0" clear at foot of beds

\*exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules

- ☐ Handwashing station
- ☐ located outside patient cubicles
- ☐ 1 OX & 1 VAC for each bed
- ☐ Vent. min. 6 air ch./hr
- Lighting:**
- ☐ reading light for each bed
- ☐ switch usable by patient
- ☐ general lighting
- ☐ night light
- Power:**
- ☐ duplex receptacle on each side of each bed
- ☐ additional duplex receptacle for each motorized bed
- ☐ 1 duplex receptacle per room on emergency power
- Nurses call system:**
- ☐ call station for each bed
- ☐ one 2-way voice communication station per room
- ☐ light signal in the corridor at room door

**3.1.1.3**

☐ Window in each patient room

**3.1.1.4**

☐ Privacy cubicle curtains

**2.2.2**

☐ Wardrobe, closet or full length locker for each patient

130.623(A)

☐ Provisions for accommodating mother and infant in the same room 24 hrs/day

**2.2.1**

☐ Toilet room

**2.2.1.1**

- ☐ accessible without entering the general corridor
- ☐ serves no more than 2 rooms & 4 beds

- ☐ Handwashing station
- ☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Bedpan flushing device
- ☐ Emerg. pull-cord call station

**2.1-****ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS****4.2.3.1**

- |  |    |  |
|--|----|--|
| <input type="checkbox"/> Individual examination/<br>treatment room<br><input type="checkbox"/> min. 120 sf clear<br>floor area<br><input type="checkbox"/> storage<br><input type="checkbox"/> writing surface<br><input type="checkbox"/> adjoining | or | <input type="checkbox"/> Multi-patient diagnostic<br>testing room<br><input type="checkbox"/> min. 80 sf per patient<br><input type="checkbox"/> provisions for<br>privacy<br><input type="checkbox"/> storage<br><input type="checkbox"/> writing surface<br><input type="checkbox"/> adjoining toilet room |
|--|----|--|

- ☐
- Handwashing station
- 
- ☐
- Vent. min. 6 air ch./hr

**4.2.3.2**

- ☐
- Patient toilet room
- 
- ☐
- direct access from exam or diagnostic testing room

- ☐
- Handwashing station
- 
- ☐
- Ventilation min. 10 air ch./hr

**4.2.4**
**SUPPORT AREAS (1)**  
 (Postpartum Unit/LDR Suite/LDRP Suite)
**4.2.4.1**

- ☐
- Nurse station

- ☐
- Nurse call annunciator panel
- 
- ☐
- Emergency power and lighting

**4.2.4.2**

- ☐
- Documentation area

- ☐
- Duty station visible call signal

**2.3.2**

- ☐
- charting surface
- 
- ☐
- access to information/communication systems

**4.2.4.3**

- ☐
- Nurse office

**4.2.4.4**

- ☐
- Consultation/conference rooms

**4.2.4.5**

## Medication station:

- |   |    |  |
|---|----|--|
| <input type="checkbox"/> Medicine prep. room<br><input type="checkbox"/> visual control from<br>nurses station<br><input type="checkbox"/> work counter<br><input type="checkbox"/> handwashing station<br><input type="checkbox"/> refrigerator<br><input type="checkbox"/> locked storage | or | <input type="checkbox"/> Self-contained medicine<br>dispensing unit<br><input type="checkbox"/> adequate security for<br>controlled drugs<br><input type="checkbox"/> adequate lighting<br><input type="checkbox"/> convenient access<br>to handwashing<br>station |
|---|----|--|

- ☐
- Vent. min. 4 air ch./hr
- 
- ☐
- Emergency power/lighting
- 
- ☐
- Duty station visible call signal

**2.3.5**

- ☐
- Nourishment area
- 
- ☐
- work counter
- 
- ☐
- storage cabinets
- 
- ☐
- refrigerator
- 
- ☐
- equipment for hot nourishment
- 
- ☐
- space for holding dietary trays

- ☐
- Handwashing station
- 
- conveniently accessible
- 
- ☐
- Vent. min. 4 air ch./hr
- 
- ☐
- Duty station visible call signal

**2.3.6**

- ☐
- Ice machine

**2.3.7**

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> Clean workroom<br><input type="checkbox"/> counter<br><input type="checkbox"/> handwashing station<br><input type="checkbox"/> storage facilities | or | <input type="checkbox"/> Clean supply room<br>(for holding clean &<br>sterile materials)<br><input type="checkbox"/> storage facilities |
|--|----|---|

- ☐
- Vent. min. 4 air ch./hr
- 
- ☐
- Duty station visible call signal

**2.3.8.1**

- ☐
- Soiled workroom
- 
- ☐
- work counter
- 
- ☐
- space for holding soiled linen & solid waste

- ☐
- Clinical flushing-rim sink
- 
- ☐
- Handwashing station
- 
- ☐
- Vent. min. 10 air ch./hr (exhaust)
- 
- ☐
- Duty station visible call signal

**2.3.9.1**

- ☐
- Clean linen storage

- ☐
- Vent. min. 2 air ch./hr
- 
- ☐
- Duty station visible call signal

**4.2.4.9(2)**

- ☐
- Equipment storage room
- 
- ☐
- min. 10 sf per postpartum room + min. 20 sf per
- 
- LDR/LDRP room

- ☐
- Vent. min. 4 air ch./hr
- 
- ☐
- Duty station visible call signal

**2.3.9.3**

- ☐
- Stretcher/wheelchair storage
- 
- ☐
- out of the path of normal traffic

**2.3.9.4**

- ☐
- Emergency equipment storage

**2.1****ARCHITECTURAL REQUIREMENTS**

- 4.2.4.10** ☐ Housekeeping room  
                   ☐ direct access from and exclusively for OB suite  
                   ☐ storage for housekeeping equipt. & supplies
- 4.2.5.1** ☐ Staff lounge  
**4.2.5.2** ☐ Lockable storage for staff personal effects  
**4.2.5.3** ☐ Staff toilet room
- 4.2.6.1** ☐ Patient lounge                   **or** ☐ All bedrooms are private  
**4.2.6.2** ☐ Patient bathing facilities  
**4.2.6.2(1)** ☐ showers & bathtubs  
                   ☐ 1:6 bed ratio  
**4.2.6.2(2)** ☐ patient toilet room within or directly accessible from  
                   each bathing facility

**4.3****CESAREAN/DELIVERY SUITE****4.3.1****LABOR ROOMS**

☐ check if service not included in unit  
 (only if LDR's or LDRP's provided)

- 4.3.1.1(1)** ☐ Min. 2 labor rooms  
**4.3.1.1(2)** ☐ Doors arranged for observation from nurses station  
**4.3.1.2** ☐ Min. 2 labor beds per caesarean/delivery room  
                   ☐ Capacity of each labor room 1 or 2 beds
- 4.3.1.3(1)** ☐ Min. 120 sf/bed  
 130.619(A) ☐ privacy curtains in multibed rms

- 4.3.1.6** ☐ Access to toilet room  
                   ☐ serves max. 2 labor rooms  
                   ☐ outswinging or double acting door
- 4.3.1.7** ☐ Access to shower  
                   ☐ under staff control  
                   ☐ outswinging or double acting door

130.619(A)

☐ Labor triage space**4.3.3.1****CESAREAN/DELIVERY ROOM**

130.616(B)

(3)

- ☐ min. clear floor area 400 sf  
☐ min. clear dimension 16 ft  
☐ X-ray illuminator

**4.3.2**

- ☐ Delivery room  
☐ check if service not included in unit  
☐ min. clear floor area 300 sf

**4.3.4**

- ☐ Infant resuscitation  
                   ☐ within caesarean/ **or** ☐ separate room  
                   ☐ delivery room                   ☐ min. 150 sf  
                   ☐ add min. 40 sf

**MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

- ☐ Service sink  
☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Handwashing station  
☐ Vent. 10 air ch./hr (exhaust)
- ☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Emerg. pull-cord call station  
☐ Handwashing station  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Emerg. pull-cord call station
- ☐ Handwashing station  
☐ Examination light(s)  
☐ 1 OX, 1 VAC, 1 MA  
☐ Vent. min. 6 air ch./hr  
☐ Emergency call system  
☐ Nurses call station  
☐ Emerg power/lighting  
☐ Handwashing station  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Emerg. pull-cord call station
- ☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Emerg. pull-cord call station
- ☐ Ventilation min. 15 air ch./hr  
☐ positive pressure  
☐ diffusers near center of room  
☐ 2 remote low return registers  
☐ Anesthesia gas scavenging syst.  
☐ Individual temperature controls  
☐ Emergency call system  
☐ 2 OX, 3 VAC, 1 MA  
☐ Surgical light  
☐ Resuscitation facilities  
☐ General & special lighting on  
                   separate circuits  
☐ Min. 8 elec. duplex receptacles  
☐ Emerg power/lighting
- ☐ Min. 3 elec. duplex receptacles  
☐ 1 OX, 1 VAC, 1 MA per bassinets  
☐ Emergency call system  
☐ Emerg power/lighting

**2.1- ARCHITECTURAL REQUIREMENTS****4.3.5 RECOVERY ROOM**

☐ check if service not included in unit (only if LDR/LDRP provided)

**4.3.5.1** ☐ Min. 2 beds

**4.3.5.2(1)** ☐ Nurse station and charting facilities

**4.3.5.2(3)** ☐ Medicine dispensing facilities

**4.3.5.2(5)** ☐ Storage for equipment and supplies

**4.3.5.3** ☐ Space for infant, crib, and chair for support person

☐ Provisions for patient & family privacy

**4.3.6.2 SUPPORT AREAS (2)**

(Caesarean/Delivery Suite)

**4.3.6.2(1)** ☐ Control/nurse station

**4.3.6.2(2)** ☐ located to restrict unauthorized traffic from suite

**2.3.8.1** ☐ Soiled workroom

☐ work counter

☐ space for holding soiled linen & solid waste

**4.3.6.3(1)** ☐ Supervisor's office or station

**4.3.6.3(2)** ☐ Medication station

**2.3.4** ☐ Distribution station

☐ work counter

☐ handwashing station

☐ refrigerator

☐ locked storage

or

☐ Self-contained medicine dispensing unit

☐ adequate security for controlled drugs

☐ adequate lighting

☐ convenient access

☐ to handwashing station

**4.3.6.3(3)** ☐ Scrub facilities

(a) ☐ 2 scrub positions at cesarean/delivery room entrance

☐ arranged to minimize splatter

☐ view windows to cesarean/delivery room interiors

**4.3.6.3(4)** ☐ Anesthesia workroom

☐ work counter

☐ separate clean & soiled storage

**4.3.6.3(5)** ☐ Sterilizing facilities

☐ equipped with high-speed sterilizers

☐ separate from delivery area, next to clean assembly

**4.3.6.3(6)** ☐ Clean workroom

☐ counter

☐ handwashing station

☐ storage facilities

or

☐ Clean supply room

☐ (for holding clean & sterile materials)

☐ storage facilities

**4.3.6.3(7)(a)** ☐ Clean sterile storage area

☐ readily available to delivery room

**4.3.6.3(7)(b)** ☐ Medical gas storage facilities

**4.3.6.3(7)(c)** ☐ Stretcher storage area, out of traffic

**4.3.6.3(7)** ☐ Equipment storage room(s)

**4.3.6.3(8)** ☐ Housekeeping room

☐ storage for housekeeping equip't & supplies

**4.3.7.1** ☐ Staff lounge for OB staff

☐ convenient to delivery, labor & recovery areas

☐ toilet room

**MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

☐ Clinical sink for bedpan cleaning

☐ Handwashing station

☐ 1 OX, 3 VAC, 1 MA/bed

☐ Vent. min. 6 air ch./hr

☐ Emergency call system

☐ Emerg power/lighting

☐ Nurse call master station

☐ Clinical flushing-rim sink

☐ Handwashing station

☐ Vent. min. 10 air ch./hr (exhaust)

☐ Duty station visible call signal

☐ Vent. min. 4 air ch./hr

☐ Emergency power/lighting

☐ Duty station visible call signal

☐ Scrub sinks

☐ knee or foot controls

or

☐ electronic sensor controls

☐ 1 OX, 1 MA/work station

☐ Handwashing station

☐ Vent. min. 4 air ch./hr

☐ Vent. min. 4 air ch./hr

☐ Duty station visible call signal

☐ Vent. min. 4 air ch./hr

☐ positive pressure

☐ Vent. min. 8 air ch./hr

☐ all air exhausted to outdoors

☐ Service sink or floor receptor

☐ Vent. min. 10 air ch./hr (exhaust)

☐ Handwashing station

☐ Min. 10 air ch./hr (exhaust)

**2.1-****ARCHITECTURAL REQUIREMENTS****4.3.7.2**

(1)

(2)

- \_\_\_ Staff change areas  
 \_\_\_ one-way traffic pattern directly into delivery suite  
 \_\_\_ lockers  
 \_\_\_ showers  
 \_\_\_ toilets

\_\_\_ space for donning scrub suits and booties

**4.3.7.3**

\_\_\_ Support persons change areas (male & female)

**4.3.7.2(1)**

(2)

- \_\_\_ one-way traffic pattern directly into delivery suite  
 \_\_\_ lockers  
 \_\_\_ showers  
 \_\_\_ toilets

\_\_\_ space for donning scrub suits and booties

**4.3.7.4**

\_\_\_ On-call rooms (may be located elsewhere)

**4.3.8.1**

- \_\_\_ Visitors waiting room  
 \_\_\_ telephone  
 \_\_\_ provisions for drinking water  
 \_\_\_ Toilet room  
 \_\_\_ adjacent to visitors waiting room

**MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

- \_\_\_ Handwashing stations  
 \_\_\_ Min. 10 air ch./hr (exhaust)

- \_\_\_ Handwashing stations  
 \_\_\_ Min. 10 air ch./hr (exhaust)

- \_\_\_ Handwashing station  
 \_\_\_ Min. 10 air ch./hr (exhaust)

**4.4****LDR ROOMS**

☐ check if service not included in unit  
 (also complete **4.2.4** "SUPPORT AREAS (1)" Pages 3 & 4)  
 Location:

130.621(B)

- \_\_\_ in a separate suite     **or**     \_\_\_ in the cesarean/delivery suite  
 \_\_\_ direct corridor access to cesarean/delivery suite

**4.4.2****4.4.3.1**

- \_\_\_ Single occupancy  
 \_\_\_ Min. 300 sf clear floor area  
 \_\_\_ 13 ft min. dimension

- \_\_\_ Handwashing station  
 \_\_\_ hands-free controls  
 \_\_\_ Vent. min. 6 air ch./hr  
 \_\_\_ low air return registers  
 \_\_\_ 10X & 1 VAC  
 \_\_\_ Min. 8 elec. duplex receptacles  
 \_\_\_ Exam light, readily accessible  
 \_\_\_ Emergency call system  
 \_\_\_ Emerg power & lighting  
 \_\_\_ Nurse call

**4.4.3.1(1)****4.4.3.1(2)**

- \_\_\_ Space for chair for support person  
 \_\_\_ Separate infant resuscitation & stabilization area

- \_\_\_ 1 OX, 1 VAC, 1 MA  
 \_\_\_ Min. 3 elec. duplex receptacles

**4.4.4**

\_\_\_ Privacy configuration of doors & windows

130.621(E)

- \_\_\_ Private bathroom  
 \_\_\_ toilet

- \_\_\_ Handwashing station  
 \_\_\_ Bedpan flushing device  
 \_\_\_ Vent. min. 10 air ch./hr (exhaust)  
 \_\_\_ Emerg. pull-cord call stations

- \_\_\_ shower     **or**     \_\_\_ tub  
 \_\_\_ min. clearance 3'-0" on 2 sides & at the end

**2.1- ARCHITECTURAL REQUIREMENTS****4.4** LDRP ROOMS☐ check if service not included in unit☐ Increase in LDRP rooms **or** ☐ No increase in LDRP rooms☐ Checklist **IP5** for nurseries must be included

Location:

130.622(B) ☐ Direct corridor access to cesarean/delivery suite**4.4.2** ☐ Single occupancy**4.4.3.1** ☐ Min. 300 sf clear floor area☐ 13 ft min. dimension**4.4.3.1(1)** ☐ Space for chair for support person**4.4.3.1(2)** ☐ Separate infant resuscitation & stabilization area**4.4.4** ☐ Privacy configuration of doors & windows130.622(E) ☐ Adequate soundproofing130.622(F) ☐ Private bathroom☐ toilet☐ shower**or**☐ tub☐ min. clearance 3'-0" on 2 sides & at the end**MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**☐ Handwashing station☐ hands-free controls☐ Vent. min. 6 air ch./hr☐ low air return registers☐ 1OX & 1 VAC☐ Min. 8 elec. duplex receptacles☐ Exam light, readily accessible☐ Emergency call system☐ Emerg power & lighting☐ Nurse call☐ 1 OX, 1 VAC, 1 MA☐ Min. 3 elec. duplex receptacles☐ Handwashing station☐ Bedpan flushing device☐ Vent. min. 10 air ch./hr (exhaust)☐ Emerg. pull-cord call stations

**GENERAL STANDARDS****DETAILS AND FINISHES****Corridors**

▷ New Construction or Renovations for New Inpatient Corridor\*

\_\_\_ Min. corridor width 8'-0" (NFPA 101)

\*No waivers accepted

\_\_\_ Min. staff corridor width 5'-0" (8.2.2.1(1))

\_\_\_ Fixed & portable equipment does not reduce required corridor width (8.2.2.1(2))

\_\_\_ Work alcoves include standing space that does not interfere with corridor width (Policy)

☐ check if function not included in unit

**Ceiling Height (8.2.2.2)**

\_\_\_ Ceiling height min. 7'-10", except:

\_\_\_ 7'-8" in corridors, toilet rooms, storage rooms

\_\_\_ sufficient for ceiling mounted equipment

\_\_\_ min. clearance under suspended pipes/tracks:

\_\_\_ 7'-0" AFF in bed/stretcher traffic areas

\_\_\_ 6'-8" AFF in other areas

**Doors (8.2.2.3)**

\_\_\_ All doors are swing-type

\_\_\_ Patient rooms doors min. 3'-8"w x 7'-0"h

\_\_\_ Doors for stretchers or wheelchairs min. 2'-10" wide

\_\_\_ Doors to occupiable rooms do not swing into corridors

\_\_\_ Toilet room doors are outswinging or double-acting

\_\_\_ Bathing room doors are outswinging or double-acting

\_\_\_ Emergency access hardware on patient toilet/bathing doors

**Operable Windows (8.2.2.5)**

☐ check if all windows are fixed

\_\_\_ Window operation prohibits escape or suicide

\_\_\_ Insect screens

**Glazing (8.2.2.7)**

\_\_\_ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

\_\_\_ Safety glazing (or curtains) in shower & bath enclosures

**Handwashing Stations (8.2.2.8)**

\_\_\_ Handwashing sink

\_\_\_ Soap dispenser

\_\_\_ Hand drying facilities

**Grab Bars (8.2.2.9)**

\_\_\_ Grab bars in all patient toilets & bathing facilities

\_\_\_ 1½" wall clearance

\_\_\_ 250 lb. Capacity

**Noise Reduction**

\_\_\_ Noise reduction at patient rooms as per Table 2.1-1

**Floors**

\_\_\_ Thresholds & exp. joints flush with floor surface (8.2.2.4)

\_\_\_ Floors easily cleanable & wear-resistant (8.2.3.2)

\_\_\_ Non-slip floors in wet areas

\_\_\_ Wet cleaned flooring resists detergents

\_\_\_ C-section room floors & wall bases are monolithic & joint-free

**Walls (8.2.3.3)**

\_\_\_ Wall finishes are washable

\_\_\_ Smooth/water-resist. finishes at plumbing fixtures

**Ceilings (8.2.3.4)**

\_\_\_ Restricted areas (e.g. C-section rooms)

\_\_\_ monolithic ceilings

\_\_\_ Semi-restricted areas

\_\_\_ monolithic ceilings

or ☐ washable ceiling tiles  
☐ gasketed or clipped-down joints

**PLUMBING (10.1)**

\_\_\_ Handwashing sinks

\_\_\_ hot & cold water

\_\_\_ anchored to withstand 250 lbs. (8.2.2.8)

\_\_\_ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)

\_\_\_ Non-slip walking surface at tubs & showers

\_\_\_ No drainage piping above ceiling in C-section rooms

\_\_\_ No floor drain in C-section rooms

\_\_\_ Medical gas outlets provided per Table 2.1-5

**MECHANICAL (10.2)**

\_\_\_ Mech. ventilation provided per Table 2.1-2

\_\_\_ Exhaust fans located at discharge end (10.2.4.3)

\_\_\_ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)

\_\_\_ Contaminated exhaust outlets located above roof

\_\_\_ Ventilation openings at least 3" above floor

\_\_\_ Central HVAC system filters provided per Table 2.1-3

**ELECTRICAL (10.3)**

\_\_\_ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)

\_\_\_ nurses call system connected to emergency power circuits

\_\_\_ electronic sink controls connected to emergency power circuits (10.3.6.3)

☐ check if function not included in unit

\_\_\_ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)